

Comprehensive School Health Coordinators' Association

Testimony for the Education Committee
(HB 4924 {Proos} Education: curricula; health education requirements; revise)
July 1, 2010 9:16:10

Good morning, Chairman Melton and members of the Subcommittee. Thank you so much for offering this opportunity to speak in support of HB 4924. My name is Mary Beno and I am the President of the Comprehensive School Health Coordinators' Association (CSHCA). I am one of the 25 regional school health coordinators that form the statewide infrastructure supporting the Michigan Model for Health.

My message for you today is brief:

- ✓ On behalf of the statewide regional school health coordinators, we completely and totally support House Bill 4924. We commend the sponsors of this bill so that each public school shall provide students of grades K-5, at least 15 hours of health education, and in grades 6-8, at least 50 hours of health education per school year.

This is a tremendous step in Michigan's plan to improve the health of Michigan's youth. Currently, health education is only required for the Michigan Merit Curriculum graduation requirement which calls for one credit in health education and physical education. Too often, health education in Grades K-8 has been pushed aside in many schools due to MEAP pressures and No Child Left Behind.

We are all too familiar with the reality that children and youth are experiencing health issues that prevent them from learning and reaching their maximum potential:

- Many children come to Kindergarten unready to learn.
- Many children and youth do not have their basic needs for food, rest, shelter, and safety met; this prevents them from being able to learn.
- Increasing numbers of kids, at younger and younger ages, are developing serious health issues, such as diabetes, obesity, and asthma.
- Too many teens are engaging in health risk behaviors that will cut short their potential for success and earning power over their lifetimes. The Michigan Youth Risk Behavior Survey data is available online at www.michigan.gov/yrbs. I highly encourage you to take a look at the document "Michigan Youth Risk Behavior Survey Trends in the United States Comparison 1997-2007." This data clearly illustrates that PREVENTION WORKS, but more is needed at a higher intensity!

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- Health Care costs and loss of productivity are crippling our state's economy.
- To PREVENT our youth from engaging in unhealthy and risky behaviors, we must change the way we address health in Michigan. Let's be proactive rather than reactive.

House Bills 4923 & 4924 are a step in the right direction. These Bills may serve as the potential stimulus for a healthier Michigan:

- Teach ALL K-12 students how to be healthy by requiring health education every year. This will build lifelong health behaviors and prevent many chronic illnesses that are so costly.
- SB 365 and HB 4923 & 4924 will ensure that time in the school day is allocated to teaching health education.
- Michigan's model health curriculum, the *Michigan Model for Health* is already available to every school in the state, so the cost of implementing SB 365 and 4923 & 4924 will be low. Lessons are available to schools to fulfill the 15 hours for Grades K-5 and 50 hours for Grades 6-8. Evaluation of the *Michigan Model for Health* proves its effectiveness in improving health attitudes and behaviors. In fact, it recently was just recognized by NREPP (Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices).
- Promoting a healthy citizenry will reduce health care costs and alleviate our fiscal crisis. Spending less money proactively will save millions of dollars within a few years.

In 1981, I taught health education in an Ann Arbor High School. After four years as a High School Health teacher, I realized the health promoting messages and skills I was teaching to my students was too late. They had already developed health behaviors that put them at risk for injury or other serious chronic health issues later in life. In 1986, I had the extremely fortunate opportunity to become the regional school health coordinator for Livingston and Washtenaw County School Districts. I have been providing professional development in the Michigan Model for Health Curriculum for teachers in my region ever since. The most common question I get from elementary school classroom teachers I meet with is "Is health education required at the elementary or middle school level?" I reply, "No, it is strictly VOLUNTARY."

House Bill 4924 would REQUIRE elementary health education to be taught to ALL K-5 students. Remember the YRBS results? Can you imagine if health

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education were "required" what that health data would look like? We made improvements in adolescent health on a VOLUNTARY basis. Let's see if we can truly make behavior change by requiring health education content. This means ALL K-5 students would receive health promoting lessons in Social and Emotional Health; Nutrition and Physical Activity; Safety; Alcohol, Tobacco and Other Drugs; and Personal Health and Wellness. I repeat, ALL students, not just those students who had a teacher that was able to "find the time" to teach health after implementing their English Language Arts, Math, Science and Social Studies Curricula. Students attend school and receive instruction approximately 1,000 to 1,200 hours a year. For the health sake of our youth, 15 hours of instruction at the K-5 level and 50 hours at the middle school level is attainable. The beauty of the *Michigan Model for Health* is that the elementary health lessons have been correlated with the Grade Level Content Expectations in English Language Arts and Social Studies. Another bonus in the *Michigan Model* is that it provides health-promoting messages that students take home to their parents. As parents, we need reinforcing health messages sent home from the school community. As a mother to two adolescent girls, I applaud those teachers who reinforced the messages we had in our home; like decrease your screen time; increase your physical activity; eat your fruits and veggies; wash your hands; and make the choice not to use alcohol, tobacco, or other drugs. HB 4924 can only strengthen and increase the time and commitment teachers make to teaching health.

When I first heard of HB 4924 I sent out a message to area teachers asking what they thought of this proposed legislation. I would like to read one of the many responses I received: "Dear Mary,

I absolutely support a mandate/requirement for Health and Physical Education. Children develop habits at an early age and one of the best things we can do for them is to teach them the importance of making healthy choices and decisions. Our own family doctor told my husband that the best thing we can give our kids is a model of a healthy lifestyle. It is fun to now watch our kids choose to eat healthy foods and to want to exercise everyday! The result is more energy and a positive attitude!

Our MEAP scores mean nothing if we have people who are too ill to report to work or school. I teach Health as a Life Management Educator and see first hand the difference I am able to make in my students' lives. Parent feedback is amazing! We need to keep the momentum going, better yet, start it at a younger age.

This generation is facing diabetes as no other generation has before. Health and Physical education can make a positive difference by teaching healthy lifestyle

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habits. We need to have balance in our lives. The Health Triangle requires a balance of social, emotional and physical health. We can and do make a difference in our students! Please support this opportunity to make an even greater impact in our students' lives." (Debbie Miller, Howell Public Schools, Three Fires Middle School).

Sometimes in Education we cringe at the terms "required" or "mandated." Not in this case, for the health and well being of Michigan youth, the CSHCA highly supports HB 4924. I feel like I have waited 24 years for this day to come, and I must say that I am honored to represent the CSHCA and to speak to you today in support of this legislation. Within the copy of my testimony, I have provided a document for you entitled "Is student health the missing piece in school reform: Impact of Quality Health Education." Thank you so very much for your time and attention today. As you begin your holiday weekend and summer recess, remember to practice your Sun Safety rules of drinking plenty of water and using a sun protection factor of at least 30 for sunscreen. Have an enjoyable, healthy, and safe summer recess.

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Is student health the missing piece in school reform?

Impact of Quality Health Education

Health education includes mental, social, and emotional health; violence and bullying prevention; safety, including internet safety and child abuse prevention; nutrition and physical activity; alcohol, tobacco, and other drug prevention; and disease prevention.

Economic Impact

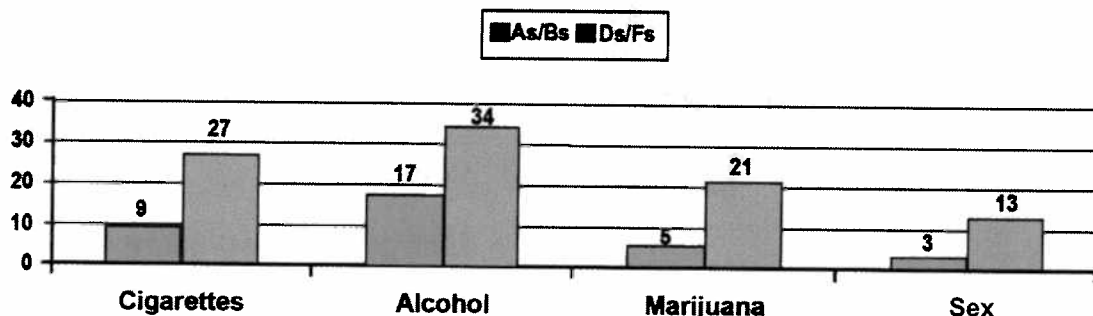
- The state and federal tax burden for Michigan taxpayers caused by smoking is approximately \$637 per household. (Smoking Facts for the State of Michigan, 2005)
 - The number of children under age 18 in Michigan who will ultimately die prematurely from smoking is approximately 298,000. (Smoking Facts for the State of Michigan, 2005)
 - Lack of Physical Activity costs the U.S. \$147 billion and Michigan \$8.9 billion per year in medical care, insurance costs, workers compensation and lost productivity. This is equal to \$1,429 per person, per year nationally. (Health News 2009, Michigan Fitness Council & Blue Cross Blue Shield of Michigan, 2003)
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- An annual investment of \$10 per Michigan citizen for prevention programs could save Michigan \$545,400,000 in five years, or a return on investment of 5.4 to 1. (Prevention for a Healthier America, 2008)
 - Improving health status improves educational achievement, which increases economic success. (Martin, J.PhD, 2008)

"Health and education go hand in hand: one cannot exist without the other. To believe any differently is to hamper progress. Just as our children have a right to receive the best education available, they have a right to be healthy. As parents, legislators, and educators, it is up to us to see that this becomes a reality."

(Healthy Children Ready to Learn: An Essential Collaboration Between Health and Education, 1992).

Students who have used alcohol, tobacco, or other drugs or had sex prior to age 13 are significantly more likely to get Ds or Fs than students who have not done so.

Grades of Students Beginning Risk Behaviors Before Age 13



Source: 2007 Michigan Youth Risk Behavior Survey



Is student health the missing piece in school reform?

Impact of Quality Health Education

Educational Impact

- Adolescents with poorer general health were found to be less likely than healthier students to graduate from high school on time and attend college or post-secondary education. (Haas, S.A. & Fosse, N.E., 2008).
- Students with poor nutrition and low levels of physical fitness are more likely to be absent and tardy. (Archives of Pediatric Adolescent Medicine, 1998).
- 160,000 students miss school every day due to fear of attack or intimidation by a bully. (Grammer, K. & Vij, V., 2004).

For the first time in history, we have a whole generation that has a shorter life expectancy than their parents.

(Centers for Disease Control and Prevention)

- Fourth grade students who received *Michigan Model for Health*® lessons had enhanced physical activity and nutrition skills, better social-emotional and self-management skills, improved safety attitudes, stronger drug and tobacco refusal skills, and less alcohol and tobacco use than those who didn't. (O'Neill, J.M., & Clark, J.K., 2009).



- An average student enrolled in a social and emotional learning program:
 - scores higher on achievement tests than students who do not participate in such programs,
 - has better attendance and more constructive classroom behavior
 - likes school more,
 - has a better grade point average, and
 - is less likely to be suspended or otherwise disciplined. (Shriver & Weissberg, Collaborative for Academic, Social and Emotional Learning, 2005).
- Grade point averages increase when students attend a school implementing a coordinated school health program. (Hawkins et al., 1999).
- The reading and math scores of third and fourth grade students who received comprehensive health education were significantly higher than those who did not receive health education. (Schoener et al., 1988).

Public Health Impact

- In a *Michigan Model for Health*® evaluation pre-test almost 5% of fourth graders indicated tobacco use and almost 7% indicated alcohol use. (O'Neill, J.M., & Clark, J.K., 2009).
- Every day 4,000 kids try their first cigarette, and another 1,000 become new regular, daily smokers. (2006 National Survey on Drug Use and Health, 2007).
- The average child spends 30 hours a week in school, but nearly 45 hours a week with screen time and technology. Only 17 hours are spent with parents. (National Institutes of Health and Yale University, 2008).
- Michigan is the seventh most obese state in the United States. (CDC, 2009).
- If current trends continue, 90% of adults will be obese by 2030. (Johns Hopkins University).